

2018-2019 INSURANCE PLAN OFFERINGS & PRICING

****HEALTH, DENTAL AND VISION PLANS ARE OFFERED AT COMPOSITE PRICING ONLY (THE LAST COLUMN)****

FOR QUESTIONS/INFORMATION REGARDING ALL PLANS, PLEASE CONTACT THE FOLLOWING:

MODA MEDICAL & VISION PLANS: 1-866-923-0409 Website: www.modahealth.com/oebb Email: OEBBquestions@modahealth.com

VSP VISION PLANS: 1-800-877-7195 Website: www.vsp.com

MODA DENTAL PLANS: 1-866-923-0410 Website: www.modahealth.com/oebb Email: OEBBquestions@modahealth.com

WILLAMETTE DENTAL PLANS: 1-855-433-6825 Website: <https://www.willamettedental.com/oebb/>
Email: info@willamettedental.com

MODA PHARMACY PLANS: 1-866-923-0411 Website: www.modahealth.com/oebb Email: OEBBquestions@modahealth.com

UNUM LONG-TERM CARE PLANS: 1-800-227-4165 Website: unuminfo.com/OEBB002/index.aspx

THE STANDARD LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT, SHORT-TERM DISABILITY & LONG-TERM DISABILITY PLANS:

Phone: 1-866-756-8115 Website: www.standard.com/mybenefits/oebb



HEALTH, DENTAL AND VISION PLANS ARE OFFERED AT COMPOSITE PRICING ONLY (THE LAST COLUMN)

Member Services
1-888-469-6322
OEBB.Benefits@state.or.us

Moda Health 2018-19 Plan Year Plans and Rates (Effective October 1, 2018)



Medical & Pharmacy - PPO					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
PPO (Preferred Provider Organization) Plans using the Connexus Network	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Birch PPO - Connexus Network					\$1,524.27
Cedar PPO - Connexus Network					\$1,412.51
Dogwood PPO - Connexus Network					\$1,310.84
Evergreen* PPO - Connexus Network					\$1,175.76
Fir* PPO - Connexus Network					\$1,152.24

Medical & Pharmacy - Synergy/Summit					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
CCM (Coordinated Care Model) Plans using the Synergy/Summit Networks	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Alder CCM - Synergy or Summit Network					\$1,550.21
Birch CCM - Synergy or Summit Network					\$1,371.83
Cedar CCM - Synergy or Summit Network					\$1,271.27
Dogwood CCM - Synergy or Summit Network					\$1,179.73
Evergreen* CCM - Synergy or Summit Network					\$1,058.15
Fir* CCM - Synergy or Summit Network					\$1,036.99

* These plans **MAY** be paired with an HSA (Health Savings Account), but the HSA is **NOT** required. Pharmacy is included in these plans as any other covered medical expense. Rx's are applied to the deductible. Once the deductible is met Rx's are paid at the same level as other covered medical expenses.



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Moda Health/Delta Dental 2018-19 Plan Year Plans and Rates (Effective October 1, 2018)



Dental and Orthodontia					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Provider network noted in plan name below	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Premier Plan 1 - Delta Dental Premier Network					\$160.73
Premier Plan 5 - Delta Dental Premier Network					\$141.85
Premier Plan 6 - Delta Dental Premier Network <i>(this plan has no orthodontia coverage)</i>					\$100.31
Exclusive PPO Plan* - Delta Dental PPO Network					\$94.83

* This plan has no out-of-network benefit. Services performed by providers outside the Delta Dental PPO network are not covered unless for a dental emergency. Covered emergencies consist of problem focused exam, palliative treatment and x-rays. All other services are considered non-covered.

Moda Health 2018-19 Plan Year Plans and Rates (Effective October 1, 2018)



Vision					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
May use any licensed provider	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Opal Plan					\$52.64
Pearl Plan					\$43.02
Quartz Plan					\$30.37



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Member Services
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 OEGB.Benefits@state.or.us

Willamette Dental Group 2018-19 Plan Year
Plans and Rates
 (Effective October 1, 2018)



Dental and Orthodontia					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Must use Willamette Dental Group facilities and providers for all non-emergency services	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
Willamette Dental Plan					\$115.89



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VSP Vision 2018-19 Plan Year
Plans and Rates
 (Effective October 1, 2018)



Vision					
OEBB Plan	Tier-Rated Groups				Composite-Rated Groups
Vision plans using the VSP Choice network	Employee Only	Employee + Spouse or Domestic Partner	Employee + Child(ren)	Employee + Spouse or Domestic Partner + Child(ren)	Unit
VSP Choice Plus Plan					\$45.13
VSP Choice Plan					\$21.94

The Standard
Optional Life Insurance Plans and Rates
2018-19 Plan Year



Optional Employee Life Plans and Rates \$10,000 - \$500,000 Maximum Benefit		
Age as of Each October 1st	Monthly Rate Per Each \$1,000 of Benefit	
	If employee HAS NOT used tobacco in the past 12 months	If employee HAS used tobacco in the past 12 months
Under 25	\$0.034	\$0.050
25 – 29	\$0.038	\$0.060
30 – 34	\$0.043	\$0.080
35 – 39	\$0.060	\$0.090
40 – 44	\$0.085	\$0.122
45 – 49	\$0.128	\$0.180
50 – 54	\$0.196	\$0.275
55 – 59	\$0.366	\$0.504
60 – 64	\$0.561	\$0.768
65 – 69	\$1.080	\$1.447
70 – 74	\$1.258	\$2.060
75+	\$1.751	\$2.244

Optional Spouse Life Plans and Rates \$10,000 - \$500,000 Maximum Benefit		
Age as of Each October 1st	Monthly Rate Per Each \$1,000 of Benefit	
	If spouse HAS NOT used tobacco in the past 12 months	If spouse HAS used tobacco in the past 12 months
Under 25	\$0.047	\$0.068
25 – 29	\$0.056	\$0.080
30 – 34	\$0.075	\$0.107
35 – 39	\$0.085	\$0.122
40 – 44	\$0.100	\$0.149
45 – 49	\$0.150	\$0.227
50 – 54	\$0.230	\$0.334
55 – 59	\$0.425	\$0.588
60 – 64	\$0.642	\$0.880
65 – 69	\$1.227	\$1.646
70 – 74	\$1.471	\$2.060
75+	\$2.060	\$4.354

Optional Child Life Plan and Rate \$2,000 - \$10,000 Maximum Benefit	
Monthly Rate for \$2,000 of Benefit	\$0.100



The Standard
Accidental Death and Dismemberment Basic and Optional
Plans and Rates
2018-19 Plan Year
(No change from 2017-18)

Optional Employee AD&D Plan	
\$10,000 - \$500,000 Maximum Benefit	
Rate per \$10,000 of benefit	\$0.200

Optional Spouse AD&D Plan	
\$10,000 - \$500,000 Maximum Benefit	
Rate per \$10,000 of benefit	\$0.200

Optional Child AD&D Plan	
\$2,000 - \$10,000 Maximum Benefit	
Rate per \$2,000 of benefit	\$0.040





The Standard
Short Term Disability Plans and Rates
2018-19 Plan Year

VOLUNTARY ENROLLMENT - EMPLOYEE PAID PLANS

Allows each employee to choose whether or not they wish to enroll. Premiums must be paid by the employee.

	Voluntary Enrollment - Employee Paid								
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6	Plan 7	Plan 8	Plan 9
Benefit Waiting Period (Days)					14				
Benefit Duration (Days)					60				
Maximum Monthly Benefit					\$1,500				
Benefit Percentage					66 ⅔%				
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)					0.00508				

	Plan 10	Plan 11	Plan 12	Plan 13	Plan 14	Plan 16	Plan 17
Benefit Waiting Period (Days)							
Benefit Duration (Days)							
Maximum Monthly Benefit							
Benefit Percentage							
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)							

*** Maximum Monthly Pre-disability Earnings:**

For 60% Plan: The first \$10,833 of employee's monthly pre-disability earnings
For 66 ⅔% Plan: The first \$9,750 of employee's monthly pre-disability earnings
For 70% Plan: The first \$9,286 of employee's monthly pre-disability earnings

**** Plan 15 will be discontinued**

This change, as well as the addition of two plans on LTD, will be done by amendment.





The Standard
Long Term Disability Plans and Rates
 2018-19 Plan Year

VOLUNTARY ENROLLMENT - EMPLOYEE PAID PLANS

Allows each employee to choose whether or not they wish to enroll.
 Premiums must be paid by the employee.

	Voluntary Enrollment - Employee Paid					
	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Plan 6
Benefit Waiting Period (Days)						90
Maximum Monthly Benefit						\$8,000
Benefit Percentage						66 ⅔%
Monthly Premium = Employee's Average Monthly Wage Multiplied By This Rate (Not to exceed Maximum Monthly Pre-disability Earnings*)						0.00553

*** Maximum Monthly Pre-disability Earnings:**

- For 50% Plan: The first \$16,000 of employee's monthly pre-disability earnings
- For 60% Plan: The first \$13,333 of employee's monthly pre-disability earnings
- For 66 ⅔% Plan: The first \$12,000 of employee's monthly pre-disability earnings





Unum
Long Term Care Rates Per \$1,000 of Benefit
2018-19 Plan Year (No change from 2017-18)



Employee-Paid Rates Without Qualified Partnership Program							With Total Home Care						
EE Paid Rates	3 Years	6 Years	Lifetime	With 5% Simple Inflation			EE Paid Rates	3 Years	6 Years	Lifetime	With 5% Simple Inflation		
				3 Years	6 Years	Lifetime					3 Years	6 Years	Lifetime
18-30	\$2.40	\$3.10	\$4.60	\$6.00	\$8.50	\$10.60	18-30	\$3.90	\$5.00	\$7.30	\$9.30	\$13.10	\$16.40
31	\$2.50	\$3.30	\$4.70	\$6.30	\$8.90	\$11.10	31	\$4.00	\$5.20	\$7.50	\$9.70	\$13.80	\$17.20
32	\$2.70	\$3.40	\$4.80	\$6.60	\$9.40	\$11.70	32	\$4.20	\$5.50	\$7.70	\$10.20	\$14.50	\$18.00
33	\$2.80	\$3.60	\$5.00	\$7.00	\$9.80	\$12.30	33	\$4.40	\$5.70	\$7.90	\$10.80	\$15.20	\$19.00
34	\$2.90	\$3.80	\$5.10	\$7.30	\$10.30	\$12.90	34	\$4.70	\$6.00	\$8.20	\$11.30	\$16.00	\$19.90
35	\$3.10	\$3.90	\$5.30	\$7.70	\$10.90	\$13.50	35	\$4.90	\$6.30	\$8.40	\$11.90	\$16.80	\$20.90
36	\$3.20	\$4.10	\$5.50	\$8.10	\$11.40	\$14.20	36	\$5.10	\$6.60	\$8.70	\$12.50	\$17.60	\$22.00
37	\$3.40	\$4.40	\$5.70	\$8.50	\$12.00	\$14.90	37	\$5.40	\$6.90	\$9.00	\$13.20	\$18.50	\$23.10
38	\$3.60	\$4.60	\$5.90	\$9.00	\$12.60	\$15.70	38	\$5.70	\$7.30	\$9.30	\$13.90	\$19.50	\$24.20
39	\$3.80	\$4.80	\$6.10	\$9.50	\$13.30	\$16.50	39	\$6.00	\$7.70	\$9.70	\$14.60	\$20.50	\$25.50
40	\$4.00	\$5.10	\$6.30	\$10.00	\$13.90	\$17.30	40	\$6.30	\$8.10	\$10.10	\$15.40	\$21.60	\$26.80
41	\$4.10	\$5.20	\$6.50	\$10.40	\$14.40	\$17.90	41	\$6.60	\$8.30	\$10.40	\$16.00	\$22.30	\$27.70
42	\$4.30	\$5.40	\$6.70	\$10.80	\$14.90	\$18.50	42	\$6.80	\$8.70	\$10.70	\$16.60	\$23.10	\$28.60
43	\$4.50	\$5.70	\$7.00	\$11.20	\$15.50	\$19.10	43	\$7.10	\$9.00	\$11.10	\$17.30	\$23.90	\$29.60
44	\$4.70	\$5.90	\$7.20	\$11.70	\$16.00	\$19.80	44	\$7.40	\$9.30	\$11.50	\$18.10	\$24.80	\$30.70
45	\$4.90	\$6.10	\$7.50	\$12.20	\$16.70	\$20.60	45	\$7.80	\$9.80	\$11.90	\$18.90	\$25.80	\$31.80
46	\$5.10	\$6.40	\$7.80	\$12.80	\$17.30	\$21.30	46	\$8.10	\$10.20	\$12.40	\$19.70	\$26.70	\$33.00
47	\$5.30	\$6.70	\$8.10	\$13.20	\$17.90	\$22.00	47	\$8.50	\$10.60	\$12.80	\$20.40	\$27.60	\$34.00
48	\$5.70	\$7.10	\$8.50	\$14.10	\$18.90	\$23.30	48	\$9.00	\$11.30	\$13.60	\$21.80	\$29.20	\$36.00
49	\$6.10	\$7.60	\$9.10	\$15.00	\$20.10	\$24.70	49	\$9.70	\$12.00	\$14.50	\$23.20	\$31.10	\$38.20
50	\$6.50	\$8.10	\$9.70	\$16.10	\$21.40	\$26.20	50	\$10.30	\$12.90	\$15.40	\$24.80	\$33.00	\$40.50
51	\$7.00	\$8.70	\$10.50	\$17.20	\$22.80	\$27.90	51	\$11.20	\$13.90	\$16.70	\$26.60	\$35.20	\$43.20
52	\$7.60	\$9.50	\$11.30	\$18.50	\$24.30	\$29.80	52	\$12.10	\$15.00	\$18.00	\$28.60	\$37.60	\$46.00
53	\$8.00	\$10.00	\$12.10	\$19.40	\$25.40	\$31.10	53	\$12.80	\$16.00	\$19.20	\$30.00	\$39.20	\$48.00
54	\$8.50	\$10.70	\$12.80	\$20.40	\$26.50	\$32.50	54	\$13.60	\$17.00	\$20.40	\$31.60	\$41.00	\$50.20
55	\$9.10	\$11.40	\$13.80	\$21.50	\$27.90	\$34.10	55	\$14.50	\$18.20	\$21.90	\$33.30	\$43.10	\$52.70
56	\$9.70	\$12.20	\$14.70	\$22.70	\$29.20	\$35.70	56	\$15.40	\$19.40	\$23.40	\$35.10	\$45.10	\$55.10
57	\$10.30	\$13.00	\$15.70	\$23.80	\$30.50	\$37.30	57	\$16.40	\$20.60	\$24.90	\$36.80	\$47.10	\$57.60
58	\$11.10	\$14.00	\$16.90	\$25.40	\$32.30	\$39.40	58	\$17.70	\$22.20	\$26.90	\$39.20	\$49.90	\$61.00
59	\$12.00	\$15.10	\$18.40	\$27.10	\$34.40	\$41.90	59	\$19.20	\$24.10	\$29.20	\$42.00	\$53.10	\$64.80
60	\$13.10	\$16.50	\$20.00	\$29.10	\$36.70	\$44.70	60	\$20.80	\$26.20	\$31.80	\$45.00	\$56.70	\$69.10
61	\$14.30	\$17.90	\$21.90	\$31.30	\$39.70	\$48.40	61	\$22.70	\$28.50	\$34.80	\$48.40	\$61.30	\$74.70
62	\$15.50	\$19.50	\$23.90	\$33.60	\$42.80	\$52.20	62	\$24.70	\$31.10	\$38.10	\$51.90	\$66.10	\$80.70
63	\$16.80	\$21.10	\$25.90	\$35.60	\$45.50	\$55.60	63	\$26.70	\$33.50	\$41.20	\$54.90	\$70.30	\$85.90
64	\$18.00	\$22.60	\$28.00	\$37.50	\$48.30	\$59.00	64	\$28.70	\$36.00	\$44.50	\$58.00	\$74.60	\$91.20
65	\$19.90	\$25.00	\$31.10	\$40.00	\$51.70	\$63.60	65	\$31.70	\$39.80	\$49.50	\$61.70	\$79.80	\$98.20
66	\$21.40	\$26.70	\$33.40	\$42.10	\$54.70	\$67.30	66	\$34.00	\$42.50	\$53.20	\$65.10	\$84.50	\$104.10
67	\$23.70	\$29.70	\$37.20	\$46.00	\$60.00	\$74.00	67	\$37.70	\$47.20	\$59.20	\$71.10	\$92.70	\$114.30
68	\$25.70	\$32.10	\$40.50	\$49.10	\$64.30	\$79.30	68	\$40.90	\$51.10	\$64.30	\$75.90	\$99.30	\$122.50
69	\$27.80	\$34.70	\$43.80	\$52.20	\$68.60	\$84.60	69	\$44.20	\$55.20	\$69.70	\$80.70	\$106.00	\$130.80
70	\$30.20	\$37.70	\$47.70	\$55.80	\$73.60	\$90.90	70	\$48.10	\$59.90	\$75.90	\$86.20	\$113.70	\$140.40
71	\$33.20	\$41.40	\$52.30	\$60.20	\$79.20	\$97.80	71	\$52.80	\$65.80	\$83.10	\$93.00	\$122.50	\$151.10
72	\$36.80	\$45.80	\$57.80	\$65.60	\$86.20	\$106.30	72	\$58.50	\$72.90	\$92.00	\$101.30	\$133.20	\$164.30
73	\$40.70	\$50.60	\$63.80	\$71.10	\$93.40	\$115.00	73	\$64.70	\$80.50	\$101.40	\$109.90	\$144.40	\$177.80
74	\$45.00	\$56.00	\$70.30	\$77.30	\$101.30	\$124.60	74	\$71.60	\$89.00	\$111.90	\$119.40	\$156.50	\$192.50
75	\$50.90	\$63.20	\$79.80	\$83.20	\$109.00	\$134.90	75	\$81.00	\$100.50	\$127.00	\$128.60	\$168.40	\$208.40
76	\$57.00	\$70.60	\$89.10	\$91.40	\$119.50	\$147.80	76	\$90.60	\$112.40	\$141.70	\$141.20	\$184.70	\$228.40
77	\$64.10	\$79.50	\$100.10	\$101.00	\$131.90	\$162.90	77	\$102.00	\$126.40	\$159.20	\$156.10	\$203.90	\$251.70
78	\$70.90	\$87.80	\$110.30	\$109.60	\$142.90	\$176.10	78	\$112.80	\$139.60	\$175.40	\$169.40	\$220.80	\$272.20
79	\$78.50	\$97.10	\$121.80	\$118.90	\$154.80	\$190.60	79	\$124.80	\$154.50	\$193.70	\$183.80	\$239.30	\$294.60
80	\$86.40	\$106.80	\$133.50	\$128.30	\$166.80	\$204.90	80	\$137.40	\$169.90	\$212.40	\$198.20	\$257.70	\$316.70

* Rates for Active Employees or Retirees that are 81 years of age and older are available upon request.